

Union Calendar No. 350

110TH CONGRESS
2D SESSION

H. R. 2464

[Report No. 110-568]

To amend the Public Health Service Act to provide a means for continued improvement in emergency medical services for children.

IN THE HOUSE OF REPRESENTATIVES

MAY 23, 2007

Mr. MATHESON (for himself, Mrs. CAPPS, and Mr. KING of New York) introduced the following bill; which was referred to the Committee on Energy and Commerce

APRIL 8, 2008

Additional sponsors: Mr. FORTUÑO, Mr. ENGEL, Mr. GORDON of Tennessee, Mr. GENE GREEN of Texas, Mr. CLEAVER, Mr. DAVIS of Illinois, Mr. YOUNG of Florida, Ms. DEGETTE, Ms. MATSUI, Ms. SCHAKOWSKY, Mr. COHEN, Mr. CLAY, Ms. HERSETH SANDLIN, Mr. TIM MURPHY of Pennsylvania, Ms. CORRINE BROWN of Florida, Mr. CARNAHAN, Mr. HINCHEY, Mr. McNULTY, Mr. REICHERT, Mr. PRICE of North Carolina, Mr. HINOJOSA, Mr. THOMPSON of California, Mr. MARSHALL, Ms. SLAUGHTER, Mr. HILL, Mr. HASTINGS of Florida, Mr. MELANCON, Mr. WAXMAN, Mr. ETHERIDGE, Mr. KUHLMAN of New York, Mr. BISHOP of Utah, Ms. BORDALLO, Ms. SHEA-PORTER, Mr. EHLERS, Mr. HOLDEN, Mr. KIND, Ms. BALDWIN, Mr. TOWNS, Mr. BARROW, Mr. DAVID DAVIS of Tennessee, Ms. CASTOR, Mr. UPTON, Mr. BURGESS, Mr. FERGUSON, Mr. DOYLE, Mr. ROSS, Mr. JEFFERSON, Mr. ROGERS of Michigan, Ms. HOOLEY, Ms. SOLIS, Ms. HARMAN, Ms. ESHOO, Mr. POMEROY, Mr. INSLEE, Mr. UDALL of New Mexico, Mr. ALLEN, Mr. CARNEY, Mr. WEINER, Mr. CANNON, Ms. MCCOLLUM of Minnesota, Mr. BUTTERFIELD, Mr. MARKEY, Mrs. WILSON of New Mexico, Mr. GONZALEZ, Mr. BOUCHER, Mrs. NAPOLITANO, Mr. SESTAK, Ms. WOOLSEY, Mr. WAMP, Mr. BUYER, Mr. WELCH of Vermont, Mr. WYNN, and Mrs. BONO MACK

APRIL 8, 2008

Reported with an amendment, committed to the Committee of the Whole House on the State of the Union, and ordered to be printed

[Strike out all after the enacting clause and insert the part printed in italic]

[For text of introduced bill, see copy of bill as introduced on May 23, 2007]

A BILL

To amend the Public Health Service Act to provide a means for continued improvement in emergency medical services for children.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 *This Act may be cited as the “Wakefield Act”.*

5 **SEC. 2. FINDINGS AND PURPOSE.**

6 (a) *FINDINGS.*—*Congress makes the following findings:*

7 (1) *There are 31,000,000 child and adolescent*
8 *visits to the Nation’s emergency departments every*
9 *year.*

10 (2) *Over 90 percent of children requiring emer-*
11 *gency care are seen in general hospitals, not in free-*
12 *standing children’s hospitals, with one-quarter to one-*
13 *third of the patients being children in the typical gen-*
14 *eral hospital emergency department.*

15 (3) *Severe asthma and respiratory distress are*
16 *the most common emergencies for pediatric patients,*
17 *representing nearly one-third of all hospitalizations*
18 *among children under the age of 15 years, while sei-*

1 zures, shock, and airway obstruction are other com-
2 mon pediatric emergencies, followed by cardiac arrest
3 and severe trauma.

4 (4) Up to 20 percent of children needing emer-
5 gency care have underlying medical conditions such
6 as asthma, diabetes, sickle-cell disease, low birth
7 weight, and bronchopulmonary dysplasia.

8 (5) Significant gaps remain in emergency med-
9 ical care delivered to children. Only about 6 percent
10 of hospitals have available all the pediatric supplies
11 deemed essential by the American Academy of Pediat-
12 rics and the American College of Emergency Physi-
13 cians for managing pediatric emergencies, while
14 about half of hospitals have at least 85 percent of
15 those supplies.

16 (6) Providers must be educated and trained to
17 manage children's unique physical and psychological
18 needs in emergency situations, and emergency systems
19 must be equipped with the resources needed to care for
20 this especially vulnerable population.

21 (7) Systems of care must be continually main-
22 tained, updated, and improved to ensure that research
23 is translated into practice, best practices are adopted,
24 training is current, and standards and protocols are
25 appropriate.

1 (8) *The Emergency Medical Services for Children*
2 *(EMSC) Program under section 1910 of the Public*
3 *Health Service Act (42 U.S.C. 300w–9) is the only*
4 *Federal program that focuses specifically on improv-*
5 *ing the pediatric components of emergency medical*
6 *care.*

7 (9) *The EMSC Program promotes the nation-*
8 *wide exchange of pediatric emergency medical care*
9 *knowledge and collaboration by those with an interest*
10 *in such care and is depended upon by Federal agen-*
11 *cies and national organizations to ensure that this ex-*
12 *change of knowledge and collaboration takes place.*

13 (10) *The EMSC Program also supports a multi-*
14 *institutional network for research in pediatric emer-*
15 *gency medicine, thus allowing providers to rely on*
16 *evidence rather than anecdotal experience when treat-*
17 *ing ill or injured children.*

18 (11) *The Institute of Medicine stated in its 2006*
19 *report, “Emergency Care for Children: Growing*
20 *Pains”, that the EMSC Program “boasts many ac-*
21 *complishments ... and the work of the program con-*
22 *tinues to be relevant and vital”.*

23 (12) *The EMSC Program has proven effective*
24 *over two decades in driving key improvements in*
25 *emergency medical services to children, and should*

1 *continue its mission to reduce child and youth mor-*
 2 *bidity and mortality by supporting improvements in*
 3 *the quality of all emergency medical and emergency*
 4 *surgical care children receive.*

5 *(b) PURPOSE.—It is the purpose of this Act to reduce*
 6 *child and youth morbidity and mortality by supporting im-*
 7 *provements in the quality of all emergency medical care*
 8 *children receive.*

9 **SEC. 3. REAUTHORIZATION OF EMERGENCY MEDICAL SERV-**
 10 **ICES FOR CHILDREN PROGRAM.**

11 *Section 1910 of the Public Health Service Act (42*
 12 *U.S.C. 300w–9) is amended—*

13 *(1) in subsection (a), by striking “3-year period*
 14 *(with an optional 4th year” and inserting “4-year*
 15 *period (with an optional 5th year”;*

16 *(2) in subsection (d)—*

17 *(A) by striking “and such sums” and in-*
 18 *serting “such sums”; and*

19 *(B) by inserting before the period the fol-*
 20 *lowing: “, \$25,000,000 for fiscal year 2009,*
 21 *\$26,250,000 for fiscal year 2010, \$27,562,500 for*
 22 *fiscal year 2011, \$28,940,625 for fiscal year*
 23 *2012, and \$30,387,656 for fiscal year 2013”;*

24 *(3) by redesignating subsections (b) through (d)*
 25 *as subsections (c) through (e), respectively; and*

1 (4) *by inserting after subsection (a) the fol-*
2 *lowing:*

3 “(b)(1) *The purpose of the program established under*
4 *this section is to reduce child and youth morbidity and*
5 *mortality by supporting improvements in the quality of all*
6 *emergency medical care children receive, through the pro-*
7 *motion of projects focused on the expansion and improve-*
8 *ment of such services, including those in rural areas and*
9 *those for children with special healthcare needs. In carrying*
10 *out this purpose, the Secretary shall support emergency*
11 *medical services for children by supporting projects that—*

12 “(A) *develop and present scientific evidence;*

13 “(B) *promote existing and innovative tech-*
14 *nologies appropriate for the care of children; or*

15 “(C) *provide information on health outcomes*
16 *and effectiveness and cost-effectiveness.*

17 “(2) *The program established under this section*
18 *shall—*

19 “(A) *strive to enhance the pediatric capability of*
20 *emergency medical service systems originally designed*
21 *primarily for adults; and*

22 “(B) *in order to avoid duplication and ensure*
23 *that Federal resources are used efficiently and effec-*
24 *tively, be coordinated with all research, evaluations,*
25 *and awards related to emergency medical services for*

- 1 *children undertaken and supported by the Federal*
- 2 *Government.”.*

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